

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

For Official Use

IN THE INTEREST OF

**Medical  
Authorization**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

**THE COURT FINDS:**

1. The child/juvenile is within the jurisdiction of this court.
2. Reasonable cause exists for these services.
3. The child/juvenile consents to the medical and/or surgical procedures requested.

**The court authorizes the following medical and/or surgical procedures:**

**BY THE COURT:**

\_\_\_\_\_  
Signature of Circuit Court Judge

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date

**Consent of Child/Juvenile**

I consent to the medical and/or surgical procedures requested.

\_\_\_\_\_  
Signature of Child/Juvenile/GAL

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date